



CHURCHVILLE RECREATION COUNCIL

HOPPIN' HAWKS JUMP ROPE CLUB SUMMER CLINIC

Date: July 17th - July 21st, 2017

Location: Churchville Rec Center–Level Building
3023 Level Rd, Churchville MD, 21028

Cost: \$120 for Single Session or
\$195 for Full Day Sessions

Ages: 5 and up

Morning Session: 9:00am–12:00pm **Afternoon Session:** 1:00pm–4:00pm

Full Day Session: 9:00am–4:00pm (Lunch Break from 12:00pm–1:00pm)

Hoppin' Hawks reserves the right to cancel any sessions due to a lack of registrations. Participant's will be given options to join other session as available or a refund in case of such an event.

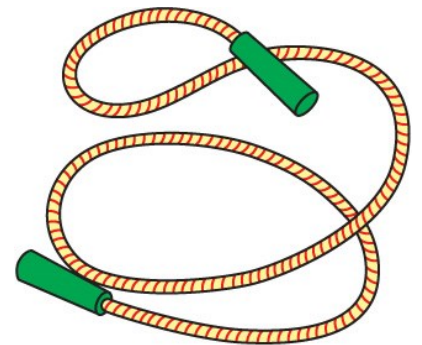
*Registrations are accepted on a first come first serve basis. Ensure yourself a space by registering early!
Please do not drop off registration at the Rec Center.*

What to bring: Water Bottle, Jumping Clothes, a jump rope (if you have one), tennis shoes, and lunch if attending a Full Day Session.

Snack provided the first day of clinic; bring your own after first day.

We will have high quality performance bead ropes for sale if you are interested in purchasing one.

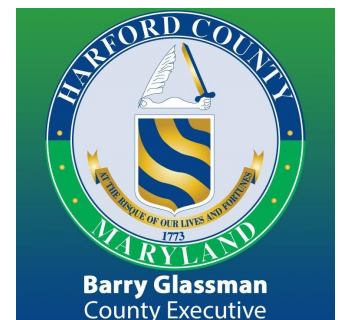
Questions? E-mail the program at Hoppin_hawks@yahoo.com
Or visit www.hoppinhawks.org



Registration Form on Reverse

Harford County Parks and Recreation
3023 Level Road
Churchville, MD 21028
410-638-4345

<http://www.harfordcountymd.gov/225/Parks-Recreation>



Registration Form

Jumper's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail Address: _____ Entering Grade (Fall 2017): _____

Please Circle: Morning Session Afternoon Session Full Day Session

T-shirt Size: Youth Medium Youth Large
 Adult Small Adult Medium Adult Large

(One T-Shirt per Jumper)

Amount Enclosed: _____ (No Refunds. \$25 assessed fee for return checks)

Checks to be made out to "Churchville Rec Council"

DISCLOSURE STATEMENT

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Parent Signature: _____ Date: _____

MAIL FORM TO: Hoppin' Hawks, P.O. Box 155, Churchville MD 21028